



City of Scottsdale
ESCORT PERMIT APPLICATION

Escort Number

Escort Service Number

Ord. to Applicant Date & Initial

Fee(s) _____

NOTE: ACCURACY IS IMPORTANT -- PLEASE USE TYPEWRITER OR PRINT IN INK

To Applicant: Check all of your answers for accuracy. Your background investigation will be conducted from information supplied on this form. Do not leave any of the spaces blank. If they do not apply to you, write in the letters N/A indicating not applicable.

1. Legal Name: Last _____ First _____ Middle _____

Other name(s) for prior 5 yrs. by which applicant has been known (include prior married name(s) _____

2. Present Residential Address: _____

City _____ State _____ Zip _____

3. Home Phone: _____ Business Phone: _____

Business Name: _____

Business Address: _____

4. Height _____ Weight _____ Hair _____ Eyes _____

Scars, tattoos, etc.: _____

5. Date of Birth: _____ Place of Birth: _____ SS# _____

6. Driver's License #: _____ State _____ Expires _____

7. List all felony and misdemeanor convictions excluding minor traffic offenses for the last five (5) years.

8. List all former residential addresses for the last five (5) years beginning with your present address:

Address	City	State	From (Date)	To (Date)

9. **Employment/Prior Business:** Begin with most recent job. List all employment for past three (3) years.

Employment Date

From - To

Employer Name and Address

Title & Duties

Supervisor's Name

Reason for Leaving

[illegible]

May we contact your present employer? Yes ☐ No ☐ Reason why not: _____

10. Have you or your business ever been refused any similar license or permit; or has any similar license or permit been revoked or suspended?

Yes ☐ No ☐ If yes, please give explanation: _____
(Please use additional paper if necessary)

Additional information required:

Proof that the applicant is a United States citizen, or lawful permanent resident alien or an alien who is authorized to work by the United States Department of Justice Immigration and Naturalization Service. Please attach a copy of each of the following:

1. Birth Certificate
2. Driver's License
3. Application Fee receipt

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.

DATE: _____

Applicant's signature